

Highlights of this issue

By Kimberlie Dean

Mental ill health in childhood

Three papers in the *Journal* this month consider issues related to measuring, understanding and treating mental ill health in childhood. Baron-Cohen *et al* (pp. 500–509) undertook a study to establish the prevalence of autism-spectrum conditions in Cambridgeshire using two case ascertainment methods. First, a survey of individuals on the Special Educational Needs register and second, a screening of the mainstream primary school population. Estimated prevalence was found to be approximately 1% based on either method, in keeping with previous studies. On the basis of a formula devised to combine estimates, the authors report a prevalence of 157 per 10 000, including previously undiagnosed cases. In light of an increasingly emphasised need for routine outcome monitoring to be undertaken by clinical services and the problem of assessing the benefits of interventions in the absence of a control group, Ford *et al* (pp. 552–558) developed an algorithm for producing a Strength and Difficulties Questionnaire (SDQ) Added Value Score. Using data from a longitudinal community study, the authors derived the algorithm and then tested it using data from the Welsh Sure Start randomised controlled trial (RCT). The SDQ Added Value Score acted as predicted when applied to the RCT data and consequently the authors conclude that their work provides preliminary support for the use of such a tool in the assessment of the outcome of interventions provided by child mental health services. Utilising data from the ALSPAC cohort, Thomas *et al* (pp. 521–526) found that fetal growth measures were associated with risk of psychosis-like symptoms at 12 years but measures of childhood growth were not. Controlling for IQ only partially accounted for the association between birthweight and psychosis-like symptoms.

Impact of time on recall and response to trauma

In a cross-sectional multisite military veterans study, Frueh *et al* (pp. 515–520) found that delayed-onset post-traumatic stress disorder (PTSD) (i.e. symptoms emerging more than 6 months after the index trauma) was uncommon. The development of PTSD symptoms more than 1 year after trauma was rare and no individuals were found to have developed PTSD more than 6 years after trauma exposure. In a study of Norwegian citizens who had experienced the 2004 South-East Asian tsunami, Heir *et al* (pp. 510–514) found evidence for recall amplification of the perceived threat over time. The increase in recalled threat intensity between the assessment points of 6 and 24 months following the event was also found to be associated with a lack of PTSD symptom improvement but not with either degree of exposure or immediate stress response, among other factors.

Antidepressants: induced anxiety and impact on amygdala function

In a systematic review of studies relating to the jitteriness/anxiety syndrome which can follow administration of antidepressants, Sinclair *et al* (pp. 483–490) found that although the syndrome

appears to have a strong impact on prescribing guidelines and practices, there is an absence of robust evidence regarding key aspects of the syndrome, including knowledge of the factors associated with increased risk, the ramifications of the syndrome if it occurs, and how best it should be managed. Murphy *et al* (pp. 535–540) undertook a randomised placebo-controlled study of the effect of a single dose of citalopram on amygdala response to emotional faces. When assessed 3 hours after administration, those healthy volunteers who received citalopram were found to have reduced amygdala responses to fearful facial expressions. The authors conclude that the early response to administration of citalopram may indicate that antidepressants have an earlier onset of action than previously thought.

Caring for the physical health of people with mental illness

In a systematic review of the quality of medical care received by people with mental health problems compared with those without mental disorder, Mitchell *et al* (pp. 491–499) found that although the majority of studies found evidence of inferior quality of care received by the former in at least one domain, there was considerable variation in findings reported. There were, however, methodological problems in many of the studies identified, including inadequate provision of information regarding patient satisfaction and structural differences in care delivery. The authors also had difficulty separating information about care delivery from care uptake. Ratschen *et al* (pp. 547–551) contacted all English National Health Service trusts providing mental health-care in order to investigate the implementation of smoke-free policies in in-patient settings. All responding trusts had smoke-free policies in place but the majority reported difficulties in implementing these policies. Despite the challenges identified by trusts, the overall impact of the policy was regarded by most as beneficial.

Naltrexone implants for opioid dependence

Kunøe *et al* (pp. 541–546) examined the safety and effectiveness of 6-month implantable naltrexone in reducing opioid use after in-patient treatment for opioid dependence. Those randomised to receive the implant were found to have reduced days of heroin use and reduced days of opioid use during the 6-month follow-up period than those randomised to usual care. Improvements were also found in levels of polydrug use, injecting behaviour and quality of life, while adverse events were no more commonly found in the treated group.

White matter abnormalities in familial bipolar disorder

Using diffusion tensor imaging techniques and whole brain voxel-based morphometry analysis, Chaddock *et al* (pp. 527–534) found that individuals with psychotic bipolar 1 disorder had reduced fractional anisotropy compared with controls in a number of key intra- and inter-hemispheric tracts. In addition, genetic liability was found to be associated with reduced fractional anisotropy across areas of white matter in both patients and their first-degree relatives.